

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

**10/539101**

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
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TOTAL IND.	/	↓	/	↓		↓
TOTAL DEP.	/	↑	/	↑		↑
TOTAL CLAIMS	12	[REDACTED]	12	[REDACTED]		[REDACTED]

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
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TOTAL IND.		↓		↓		↓
TOTAL DEP.		↑		↑		↑
TOTAL CLAIMS		[REDACTED]		[REDACTED]		[REDACTED]